

FACT SHEET: Health Care in Montana
What the Affordable Care Act is doing for Montana families

The Affordable Care Act has already covered nearly one in three uninsured Americans – more than sixteen million – and improved coverage for virtually everyone with health coverage. Americans can no longer be denied coverage because of preexisting conditions, women can't be charged more just for being women, and there are no more annual caps on the care patients receive. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. Hospitals, doctors and other providers are changing the way they operate to deliver better care at lower cost. In the years to come, the ability to buy portable and affordable plans on a competitive marketplace will allow countless Americans to move, start businesses, and dream big American dreams -- without worrying if an illness will bankrupt them. Here is how the Affordable Care Act is working for families in Montana:

After Health Reform: Improved Access to Care

- Gallup recently estimated that the uninsured rate in Montana in 2014 was 15.8 percent, down from 20.7 percent in 2013.
- Prohibits coverage denials and reduced benefits, protecting as many as 426,361 Montanans who have some type of pre-existing health condition, including 52,222 children.
- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 319,000 people in Montana, including 116,000 women and 81,000 children.
- Expands Medicaid to all non-eligible adults with incomes under 133% of the federal poverty level. If Montana expands Medicaid, an additional 32,500 uninsured people would gain coverage.
- Establishes a system of state and federal health insurance exchanges, or marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices through which 49,140 people in Montana were covered in March 2015.
- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms which helped more than 356 people in Montana.

- Creates health plan disclosure requirements and simple, standardized summaries so 436,200 people in Montana can better understand coverage information and compare benefits.

After Health Reform: More Affordable Care

- Creates a tax credit to help 41,766 people in Montana who otherwise cannot afford it purchase health coverage through health insurance marketplaces.
- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 14,170 consumers in Montana received \$2,719,595 in rebates.
- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for more than 401,717 people in Montana including 160,099 women.
- Eliminates out-of-pocket costs for 208,385 Medicare beneficiaries in Montana for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.
- Phases out the “donut hole” coverage gap for 13,115 Medicare prescription drug beneficiaries in Montana, who have saved an average of \$802 per beneficiary.
- Creates Accountable Care Organizations consisting of doctors and other health-care providers who share in savings from keeping patients well while improving quality, helping 27,529 Medicare beneficiaries in Montana.
- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Medicare Advantage enrollment has grown by 8,565 to 35,550 in Montana since 2009.

After Health Reform: Improved Quality and Accountability to You

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network, the Partnership for Patients, that includes 39 hospitals in Montana to promote best quality practices.

We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:

- Incentive payments for doctors, hospitals, and other providers to adopt and use certified electronic health records (EHR). In Montana more than 67.5 percent of hospitals and 46.9 percent of providers have electronic health records systems.
- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in Montana now serve 97,214 patients and received \$71,659,182 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.
- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2014, there were 189 Corps clinicians providing primary care services in Montana, compared to 61 clinicians in 2008.

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